

EMPLOYMENT APPLICATION

Human Resources Office City of Clayton * 10 N. Bemiston * Clayton, Missouri 63105

SECTION 1: GENERAL INFORMATION [Please print or type]

Position(s) of Interest:		
Name:		
Address:	(Street)	
	(City, State & Zip)	
Telephone:		
Alternate Telephone:		
Email Address:		
If you are under 18, can you furnis	sh a work permit?	No.
Are you available for: Full Tir	me Part Time Seasonal	
If part time, specify days and hours:		
If seasonal, specify starting date and ending date:		
Are you a U.S. citizen or can you	establish that you are an authorized worker?	10
If you have previously applied for position(s) applied for:	employment with the City of Clayton, state date(s) and	
If you have relatives currently emprelationship(s):	ployed by the City of Clayton, please state name(s) and	
creed, religion, national origin, age, gen	nity employer, and does not discriminate on the basis of race, color, der, disability, handicap or veteran status. It is the goal of the City of grams accessible to all individuals. For information regarding other	

formats of employment application materials, please contact the Human Resources Office at (314) 290-8448.

SECTION 2: EDUCATIONAL INFORMATION

High School:		
Address:	(Street)	
-	(City, State & Zip)	
Grade completed?		
GED completed?		
College or University:		
Address:	(Street)	
	(City, State & Zip)	
Was program completed/ Degree awarded?	No Yes	
Type of Degree:		
College or University:		
Address:	(Street)	
	(City, State & Zip)	
Was program completed/ Degree awarded?	■Yes ■No	
Type of Degree:		
Additional Education and/or	Academy, Vocational, Technical, or Military Training Information:	
extracurricular activities that	rs, scholarships, memberships in professional organizations, or elate to the position. Do not list any organizations or activities which igion, gender or national origin.	
FOR DRIVING JOBS ONL	7	
Do you have a valid driver's l	cense? Yes No	
Driver's license number:		
Class of license:		
Have you had your driver's li	eense suspended or revoked in the last 3 years? Yes No	

SECTION 3: PAST EMPLOYMENT INFORMATION

We must have accurate and complete information in previous job tasks and levels of responsibility because your work experience is an important factor in evaluating your qualifications. List names of employers in consecutive order with present or most recent employer listed FIRST. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. A resume is welcome, however, it is our policy that an application be completed in its entirety by every applicant.

Attach additional sheets if necessary.

CURRENT / MOST RECENT EMPLOYER:

Name of Employer:			
Type of Business:			
Address:			(Street)
			(City, State & Zip)
Telephone:			
Employment Dates:		to	_
Your Job Title:			
May we contact this en	mployer?		Yes No
Duties:			
Starting Pay:	\$	per	
Final Pay:	\$	per	
Name of Last Supervisor:			
Reason(s) for leaving of	or seeking oth	er employment:	

Name of Employer:				
Type of Business:				
Address:			(Street)	
			(City, State & Zip)	
Telephone:				
Employment Dates:		to		
Your Job Title:				
May we contact this e	employer?		Yes	No
Duties:				
Starting Pay:	\$	per		
Final Pay:	\$	per		
Name of Last Supervisor:				
Reason(s) for leaving	or seeking ot	her employment:		

Name of Employer:				
Type of Business:				
Address:			(Street)	
			(City, State & Zip)	
Telephone:				
Employment Dates:		to		
Your Job Title:				
May we contact this en	mployer?		Yes N	0
Duties:				
Starting Pay:	\$	per		
Final Pay:	\$	per		
Name of Last Supervisor:				
Reason(s) for leaving of	or seeking othe	er employment:		

SECTION 4: SPECIAL SKILLS

Indicate skills you possess only if relevant to the job(s) for which you are applying.			
Typing	Transcription	Computer Data Entry	
Cash Register	Other:		
Personal computer: List softv	vare you have used.		
Heavy equipment: List mach	ines, vehicles and equipment you	u have operated	
ricavy equipment. Eist mach	mes, venicies and equipment you	a nave operated.	
Additional information that r	night qualify you for the positior	1.	
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SECTION 5: ADDITIONAL INFORMATION

Have you ever plead guilty, nolo contendre (no contest) or been convicted of a felony? Yes No					
If yes, describe in full: (Conviction will not necessarily disqualify an applicant from employment.)					
REFERENCES: Name	REFERENCES: Name Address Telephone Occupation				
CERTIFICATION I certify that all statements on this application are true and complete. I understand that false statements or omissions on this application may result in rejection of application or dismissal from employment whenever discovered. I authorize the City of Clayton to make any investigation regarding past employment and education and authorize the references listed above to give you any and all information they possess, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.					
I understand that in certain employment positions, the candidate may be required to undergo a physical examination after a conditional offer of employment has been made by the employer, to certify that the selected candidates can perform the requirements of the job, with or without the accommodation. I also understand that I will be required to undergo a drug and alcohol test after a conditional offer of employment has been made. A positive test as a result of the drug and alcohol screen may be reason to disqualify me for employment with the City of Clayton. I understand that this employment application is not a contract of employment and that if I am hired, may voluntarily					
leave employment at any time notice.	and my employment may be te	erminated by the City at any	time with or without cause or		
Signature: Date:					